

EXHIBIT B1
June/July 1999 – Fire & Safety Inspection Report

JUNE/JULY 1999 - FIRE & SAFETY INSPECTION REPORT

A-BLOCK

1. B-1 emergency lighting in need of repair.
2. Toxic & caustic chemicals are being housed in inmate cells.
3. The shower ventilation needs to be improved.
4. The vents need to be cleaned.
5. Inmates are keeping cleaning utensils in their cells.
6. In general the cell content is high.
7. The rear steps need to be replaced.

A-BLOCK DINING HALL

1. The soda dispensers and serving lines need detailed cleaning.
2. The windows need detailed cleaning.
3. The vents need to be cleaned.

B-BLOCK

1. The emergency lighting does not work. Numerous work orders submitted without action.
2. The serving lines and soda dispensers need detailed cleaning.
3. The vents need to be cleaned.
4. The mop water needs to be changed more frequently.
5. The rear steps need to be replaced.
6. The shower ventilation needs to be improved.

B-BLOCK DINING HALL

1. The serving lines need detailed cleaning.
2. The soda dispensers need detailed cleaning.

EXHIBIT B2
Maintenance Work Order (“MWO”) No. 3547,
Dated 03/05/97

EXHIBIT B3
Listing for MWO No. 3547

97-0063

4/1/1997 A-BLOCK COLICINO STEP BROKEN--PARTS FALLING OFF, SECOND STEP FROM FIRST LAND-ING

4/1/1997 B

WELD SHOP

WO#

Opened

Yates.mr.

Problem

* Date Completed

Shop

* Carman submitted work order after he completed the work.

EXHIBIT B4
MWO No. 00384, Dated 01/07/98

EXHIBIT B5
MWO No. 00400, Dated 01/07/98

MAINTENANCE WORK ORDER (MWO)

JAN 22 1998

BUILDING NO./NAME A-Block				ROOM NO./LOCATION	ORIGINATOR Swartz	TELEPHONE	SUPERVISOR'S APPROVAL	DATE 1/7/98
JOB DESCRIPTION Repair stair treads Front of Block								DATE REQUIRED
2 strips 1) 4" X 38" Flat bar w/ holes 2) 4" X 37 1/2" Complete								
TRADE ASSIGNED MR		(Do not write below line) MEN ASSIGNED R. Jaszczak				CODE NO. 98-00400		
TOTAL TIME—HRS.		PM. NO.				HISTORY ENTRY		
1/3-2-78		D.C.T.						
Completed By/Date		B.M.S. Approval				Authorized By		

Record Material and Cost on Reverse
Commonwealth of Pennsylvania

1. White Copy - Maintenance Office 2. Yellow Copy - Maintenance Office 3. Pink Copy - Supervisor's Copy
4. Goldenrod Copy - Originator Copy

Department of Corrections
DC-437

TO BE FILLED IN AS WORK PROGRESSES

[illegible]

EXHIBIT B6
MWO No. 02272, Dated 04/07/98

MAINTENANCE WORK ORDER (MWO)

APR 09 1958

DATE 4-7-98

BUILDING NO./NAME	ROOM NO./LOCATION	ORIGINATOR	TELEPHONE	SUPERVISOR'S APPROVAL	TELEPHONE
ABUS	ABUS	LTZL	2238	LTZL	2238
JOB DESCRIPTION					

DATE REQUIRED
ASAP

The fourth step on front stairs on bridge is tilted forward. Possible trip hazard. Please Repair

Thank-You

1724

Complete

TRADE ASSIGNED	MEN ASSIGNED	CODE NO.
Waco	Colored	1
TOTAL TIME—HRS.	PM. NO.	HISTORY ENTRY
		98-02272

Completed By Date

B.M.S. Approval

Authorized By

Record Material and Cost on Reverse
Commonwealth of Pennsylvania " " "

TO BE FILLED IN AS WORK PROGRESSES

1. White Copy — Maintenance Office 2. Yellow Copy — Maintenance Office 3. Pink Copy — Supervisor's Copy

Department of Corrections
DC-437

[illegible]

EXHIBIT B7
Listing for MWOs Nos. 00384, 00400 and 02272

A-Block Stairs

WORK ORDER	Date:	Building Name	Trade Assignment	When Assigned:	Job Description:	Date Completed:
98-02272	4/7/1998	A-Block	Weld Shop	Jaszczak	The fourth step on front step on bridge is lifted forward	4/22/1998
98-00364	1/7/1998	A-Block	Mason Shop	Stabley	All stairs to be evaluated for replacement	2/9/1998
98-00400	1/7/1998	A-Block	MR	Jaszczak	Repair Stair Treads	1/22/1998
98-02172	3/31/1998	Activities	MR		Repair loose railing on steps leading to basement/hand room	9/8/1998
98-00558	1/17/1998	Admin Bldg.	Lock Shop	Kirkwood	Door knob at the top of stairs to the visiting room knob is about to fall off	3/18/1998
98-00167	1/7/1998	Admin. Bldg.	Lock Shop	Hillner	Door to stairwell leading to mail room will not open from outside	2/10/1998
98-01441	2/10/1998	Assessment	Paint Shop	Bondi	Paint walls in stairwell and steps	10/15/1998
97-9343	12/29/1997	B-Block	Mason Shop	Jaszczak	Back steps are broken	2/17/1998
98-00339	1/13/1998	B-Block	Weld Shop	Jaszczak	Step on stair case broken	2/17/1998
98-02463	4/14/1998	B-Block	Weld Shop		Steps at front of unit are covered with diamond plate and 1st step is loose	7/1/1998
98-00661	1/23/1998	B-Block	Mason Shop	Stabley	4th step from boom odd side loose--cement loose from frame	2/18/1998
97-9207	12/20/1997	B-Block	Weld Shop	Jaszczak	Right rear stairwell, 10th step broken loose	2/17/1998
98-04176	6/26/1998	C-Block	MR	Jaszczak	Missing step on back stairwell	6/28/1998
98-00223	1/12/1998	Chapel	MR	Hamonsky	Repair hand railing on stairs to masjid.	5/31/1998
98-03157	5/7/1998	CI	Carpenter Sho		Steps to tunnel need to be secured	
97-8850	12/3/1997	D-Block	Electric Shop	Finn	Install fluorescent light under steps in back of D-Block	12/16/1997
98-03703	6/3/1998	D-Block	Plumbing Shop		Toilet upstairs flooding call down stairs	7/1/1998
98-01231	2/18/1998	E-Block	Mason Shop	Steps repaired	Steps at rear of block need to be repaired	3/9/1998
97-8744A	11/17/1997	E-Block	MR	Jaszczak	Steps at rear of block are broken	12/18/1997
98-00809	2/4/1998	EDCC	MR	Scheck	Stairway light out	2/19/1998
98-04101A	6/25/1998	EDCC	MR		Lower 1 stairwell exit sign not working	7/2/1998
98-02594	4/18/1998	EDCC	MR	Scheck	Bulb is out leading to F-block in stairwell	6/29/1998
98-00253	1/7/1997	EDCC	MR	Scheck	Exit light at stairway to lower level is out	2/9/1998
98-04081	6/23/1998	EDCC-F	MR		F/Steps closest to the commissary lower level light is out	7/2/1998
98-01640	3/12/1998	EDCC-G	MR		Light out in rear stairwell, 400 level	
97-8888A	11/29/1997	EDCC-G	MR	Hamonsky	Back stairway lights burned out	4/6/1998
98-03930	6/9/1998	EDCC-G	Plumbing Shop	Worley	Upstairs shower head clogged and not working	6/24/1998
98-01101	2/15/1998	EDCC-HI	MR	Scheck	The light stairwell coming up to U/I block is coming off the wall and needs screw	2/23/1998
98-03114	5/6/1998	EDCC-HI	MR		Stairwell steps leading to pent house light burned out	7/28/1998
98-00224	1/11/1998	EDCC-I	Weld Shop		Hinges on stairwell door, weld is cracked	
98-02077	4/1/1998	EDCC-I	MR	Scheck	Light out in stairwell	6/30/1998
97-8639	11/15/1997	EDCC-I	MR	Bobar	Hand rail loose in stairwell	12/4/1997
98-02600	4/18/1998	EDCC-LF	MR	Scheck	Bulb is out at the bottom of stairwell	6/29/1998

EXHIBIT B8
February Cost Report for the A-Block Stair
Replacement Project

INSTITUTION: S.C.I. GRATERFORDAPPENDIX A
PAGE A-41For the Month of: FEBRUARY-2001
II. MISCELLANEOUS

Title:	A-BLOCK STAIRS		
Description:	Remove & replace stairs in rear of A-Block.		
Estimated Cost if by Contractor		Inst. Cost	
	\$ 15,500.00	Material:	\$ 6,602.00
		Labor:	\$ 1,781.29
		Total:	\$ 8,383.29
Savings:	\$ 7,116.71		
Percent Complete:	Last Month	This Month	To Date
	%	100%	100%

Title:	COUNSELOR OFFICE SECURITY		
Description	HARDEN OFFICE—ADD BARS TO WINDOWS		
Estimated Cost if By Contractor		Inst. Cost	
	\$	Material:	\$
		Labor:	\$
		Total:	\$
Savings:	\$		
Percent Complete:	Last Month	This Month	To Date
	10%	00%	10%

Title:	K-BLOCK PLUMBING		
Description:	Upgrade plumbing		
Estimated Cost if by Contractor		Inst. Cost	
	\$	Material:	\$
		Labor:	\$
		Total:	\$
Savings:	\$		
Percent Complete:	Last Month	This Month	To Date
	95%	00%	95%

EXHIBIT C
Declaration of Corrections Health Care Administrator
Julia Knauer

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

DEON C. STAFFORD

CIVIL ACTION

v.

DONALD T. VAUGHN (SUPERINTENDENT):
MANNY ARROYO (DEPUTY
SUPERINTENDENT), DAVID
DIGUGLIELMO (DEPUTY
SUPERINTENDENT), GEORGE HILTNER
(SUPERVISOR MAINTENANCE), MRS.
KNAUER (ADMINISTRATION
SUPERVISOR), MR. MCSURDY (FIRE
INSPECTOR SUPERVISOR)

NO. 02-3790

DECLARATION OF JULIE KNAUER

I, Julie Knauer, declare under penalty of perjury that the following facts are true and correct to the best of my knowledge:

1. I am the Corrections Health Care Administrator ("CHCA") at the State Correctional Institution ("SCI") at Graterford. I have been employed at SCI-Graterford for the entire time that Deon Stafford, inmate DD-4637, has been incarcerated here. I have been the CHCA since September 1999.
2. While I am a registered nurse, my duties are as an administrator, not a nurse. My duties require me to rely upon the medical professionals, which the contract medical provider provides at SCI-Graterford. I also rely on the medical records in the regular course of my administrative duties. As part of my duties, I am an administrator for the health care services for inmates in the treatment of illnesses, disease and injury. I am responsible for monitoring the contracted health agency to ensure compliance to policy, procedure and practice, and I serve as the liaison between the institution's administration and contract

health care provider in matters of mutual concern.

3. With respect to referrals to outside specialists and facilities, the physician or physician's assistant ("PA") who suggests a referral to a specialist must complete a consultation form and submit it to the Medical Director. The Medical Director is a doctor employed by the contract medical provider, not the Department of Corrections ("DOC"). The Medical Director decides whether to refer the inmate to a specialist or suggest a more conservative treatment to be performed inside the Institution until it is determined whether an outside specialist is necessary. The DOC's medical vendors routinely provide emergency care, clinics for management of chronic illnesses, dental services, and optical care.
4. I am not involved in the medical decision of whether a referral to a specialist is approved or not. Rather, if a referral is approved, I monitor the treatment to ensure that the medical vendor complies with the terms of the medical provider contract. If a referral is not approved, the Medical Director will devise an alternative treatment plan.
5. Deon Stafford is an inmate currently incarcerated at SCI-Graterford. I have reviewed Stafford's claims that he has raised concerning me in the Complaint in the above-captioned case. Stafford contends that, while incarcerated at SCI-Graterford, I demonstrated deliberate indifference to serious medical needs resulting from a July 20, 2000 fall.
6. An inmate's medical records includes Progress Notes (Medical and Psychiatric), Physician's Orders, Consultation Records, X-Rays and Physical Examinations, Medications, Lab Records, and Miscellaneous Administrative Medical Records.
7. I have reviewed Stafford's medical file in the past so I could appropriately respond to his

Request Slips and Grievances that he submitted concerning the medical treatment he was receiving.

8. Each time I received a grievance, and reviewed his charts filled out by the medical professionals who I rely upon, I concluded that Stafford was receiving appropriate care.
(See Exhibits C4-C8)
9. I have reviewed Stafford's medical file again and my general impression, based upon the medical records compiled by medical professionals, is that Deon Stafford suffers from intermittent, low-grade back pain and that, although the medical care he receives is appropriate for his condition, he demands medical treatment that is not necessary.
10. It is worth noting that Stafford complained about back pain well before July 2000 fall and that he refused an x-ray for it. (See Exhibit C5).
11. It is also worth noting that Stafford was not the first person to fall on the stairs on A-Block. From December 1998, until Stafford's accident on July 20, 2000, there were fifty-three documented slip/falls around the Institution: six (6) of which occurred on the A-Block stairs, including Stafford's. Inmate John Hall, CS-2352, accounted for two of the six falls. There is only a Medical Incident/Injury Report for five of the six falls. Evidently, inmate Jabari Jackson, BZ-6266, did not seek medical attention after his fall. With respect to the Medical Incident/Injury Reports, only Stafford's indicates that the fall was attributable to a condition of the stairs. The other four indicate that the inmate fell and/or slipped up or down the steps.
12. In conclusion, the medical record which I rely upon to gauge the care provided for Stafford is replete with entries detailing the appropriate medical care that he has received

while incarcerated at SCI-Graterford.

13. Attached, as noted in the Exhibit Table, are some of the relevant entries in Stafford's medical record, as well as true and correct copies of the documents that I have described above.

I, CHCA Knauer, declare under penalty of perjury that the foregoing facts are true and correct.

Graterford, PA

DATED: August 6, 2004

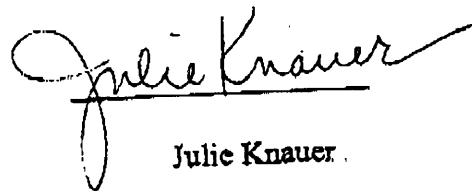

Julie Knauer

EXHIBIT C1
Initial Reception Screening/Health Assessment

INITIAL RECEPTION SCREENING/HEALTH ASSESSMENT

I.D. INFORMATION:

Reception Date 12-13-96 SOCIAL SECURITY # 179-52-3899 SCI CampName Stafford Dean I.D. # DD4637
Last First M.I.Language(s) spoken: Yes ☒ No ☐ Interpreter needed: [circle one] Yes ☐ No ☒Can Speak English: ☒ ☐Able to Read ☒ ☐ Name of interpreter: _____Able to Write ☒ ☐Marital Status [circle one] ☒ S ☐ M ☐ D W SepRace [Circle One] ☐ W ☒ B ☐ H' NA OtherReligion Protestant ANY FAMILY HISTORY OF: Yes ☒ No ☐ Don't KnowDate of Birth 4-10-69 Diabetes ☒ ☐ momHome County York Co Heart Disease/Attack ☐ ☒ ☐Cancer specify ☒ ☐ momBlood Disease specify ☒ ☐ ☐Arthritis ☒ ☐ ☐Hepatitis ☒ ☐ ☐Epilepsy/Seizure Disorder ☒ ☐ selfMental Illness/Retardation ☒ ☐ ☐TB - Treated ☒ ☐ ☐If yes, when and where? ☒ ☐ ☐Sickle Cell ☒ ☐ ☐Notify in Emergency: [name & address & phone] earn Sheila Stafford, 85 Wedgewood Circle, Ebers PA. 17319 (717) 978-5469 Relationship: momFamily Physician name and address: NIA

Address: _____

Current Medications: dilantin 200 BID, Phenytoin 300 BIDPast Hospitalization: specify reason[s]: NIA

[Location, Address, City, State, Zip] _____

Head Injury/LOC Boxing Injury - unconscious 1-2 minutesAllergies: NIA

D.O.B:	<u>4-10-69</u>
SS#:	
Inst. #:	<u>DD4637</u>
Name:	<u>Stafford, Dean</u>

Physical Limitations/Handicaps:

N/A

PHYSICAL AIDS:

	Yes	No	Description:
Eyeglasses	<input checked="" type="checkbox"/> <i>notch</i>	<input type="checkbox"/>	
Contact Lens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Orthotics, Braces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Wheelchair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Dentures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

	Yes	No	Description:
Hearing Aid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Artificial Limbs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Crutches/Cane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Eye Prosthesis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hair Piece	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

DRUGS, PAST/PRESENT USE:

	Yes	No
Steroids	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cocaine/	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Amphetamines	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tranquilizers	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*1 ppd - none
since
incarcerated*

Method of Drug Use:

<input type="checkbox"/>	Smoke
<input type="checkbox"/>	IV
<input checked="" type="checkbox"/>	Snort
<input checked="" type="checkbox"/>	Ingest

When was last time drugs were used: (Specify) clean 1yr.

Any problems after withdrawal: (Specify)

Seizures Jan 7th 96 @ 2140
OCP

D.O.B: _____

SS#: _____

Inst. #: _____

Name: _____

EXHIBIT C2
Report of Slip/Falls from 12/97 – 06/00

User Defined Report

Name	Number	Date	Type	Location	Description	Code	Department	Age
HALL, JOHN	CS2352	12/05/1998	I	STEPS A-BLK	FELL DOWN BACK	34	STEPS	29
	Total							1
			S	F-BLK STAIRWELL	SLIPPED DOWN	34	STEPS	43
	Total							2
			I	INF. CELL 1020	STAIRWELL TWIST	13	STEPS	41
	Total							3
			S	L-BLK CTRL RM	SLIPPED ON	13	STEPS	32
	Total							4
			I	H STAIRWELL	SLIPPED/FELL	10	STEPS	50
	Total							5
			I	D-BLK STRWELL	SLIPPED/STEPS	1	STEPS	25
	Total							6
			S	D-BLK BRIDGE	TRIPPED/STEP	2	STEPS	45
	Total							7
			I	M-UNIT TRAILER	STEPS/SLIPPED	13	STEPS	28
	Total							8
			I	E-BLK	FELL/STEPS/BACK	41	STEPS	34
	Total							9
			S	BACK DOCK	STEPS/FELL/PATC	34	STEPS	38
	Total							10
			I	D-BLK	MISSED	41	STEPS	35
	Total							11
			S	STAIRWAY/MHU	SLIPPED/STEPS	34	STEPS	0
	Total							12
			S	FRONT STAIRWY	TRIPPED/STEPS/L	10	STEPS	56
	Total							13
			S	L/I STAIRWELL	STAIRS/TWIST	13	STEPS	37
	Total							14
			I	L/H 1022	SLIP/WATER/FACE	1	STEPS	33
	Total							15
BROWN, SHAWN	CT7402	03/30/1999	I	A-BLK	TRIPPED/STEP/FE	10	STEPS	0
	Total							16
			I	L/F STAIRWAY	FALL/STEPS	12	STEPS	35
	Total							17
			I	B-BLK REAR STEP	STAIRS/SLIP/ANK	13	STEPS	34
	Total							18
			S	ADMIN BLDG STAI	SLIP/STEPS/TWIS	13	STEPS	37
	Total							19
			I	D-BLK STAIRS	MISSED STEP	13	STEPS	26
	Total							20
			I	D-BLK	FELL/HALF	13	STEPS	29
	Total							21
			I	BEHIND SCHOOL	FOOT/CAUGHT/STE	10	STEPS	22
	Total							22
HALL, JOHN	CS2352	07/13/1999	I	A-BLK	FELL/STEPS	13	STEPS	30
	Total							23
			S	H-BLK STAIRWELL	TRIPS UP	13	STEPS	37
	Total							24
			I	MAIN YARD	FELL/STEPS/KNEE	10	STEPS	42
	Total							25
			S	U/G	STEPS/STUMBLER	10	STEPS	29
	Total							26
			I	E-BLK STAIRCASE	FELL/STEPS	3	STEPS	51

User Defined Report

Name	Number	Date	Type	Location	Description	Code	Department	Age
[REDACTED]	Total	27						
[REDACTED]	[REDACTED] 0	[REDACTED]	I	SHOWER/STAIRWY	SLIP/STEPS/CHIN 1	STEPS		34
[REDACTED]	Total	28						
[REDACTED]	[REDACTED]	[REDACTED]	I	L-UNIT	TRIP/STAIRS/B-W 3	STEPS		32
JACKSON, JABARI	Total	29						
	BZ6266	10/13/1999	I	A-BLK STEPS	FELL/STEPS	10	STEPS	0
[REDACTED]	Total	30						
[REDACTED]	[REDACTED]	[REDACTED]	S	D&A UNIT/STEPS	FELL UP/STEPS	13	STEPS	43
[REDACTED]	Total	31						
[REDACTED]	[REDACTED]	[REDACTED]	S	L/H-BLK CTRL ST	STEPS/TWIST/ANK 13	STEPS		41
[REDACTED]	Total	32						
[REDACTED]	[REDACTED]	[REDACTED]	S	L/F	FELL/STEPS/HEAD 43	STEPS		0
[REDACTED]	Total	33						
[REDACTED]	[REDACTED]	[REDACTED]	S	D&A UNIT	STEPS/TWIST/KNE 13	STEPS		0
[REDACTED]	Total	34						
[REDACTED]	[REDACTED]	[REDACTED]	I	B-WING STEPS	PUSHED DOWN	3	STEPS	49
[REDACTED]	Total	35						
[REDACTED]	[REDACTED]	[REDACTED]	I	D-BLK STAIRS	FEET/SLIP/HIT	10	STEPS	0
[REDACTED]	Total	36						
[REDACTED]	[REDACTED]	[REDACTED]	I	U/F STEPS	FALLING/HIT/THU 10	STEPS		30
[REDACTED]	Total	37						
O'BRIEN, THOMAS	BB4015	02/26/2000	I	A-BLK	STEPS/SLIP/HIT/	3	STEPS	63
[REDACTED]	Total	38						
[REDACTED]	[REDACTED]	[REDACTED]	I	STEPS	TRIP/STEPS/HIT/	3	STEPS	30
[REDACTED]	Total	39						
[REDACTED]	[REDACTED]	[REDACTED]	I	STAIRS/BLK	TRIP/WATER/FORE 4	STEPS		0
[REDACTED]	Total	40						
[REDACTED]	[REDACTED]	[REDACTED]	I	D-BLK F/BRIDGE	TRIPPED/UP	13	STEPS	28
[REDACTED]	Total	41						
[REDACTED]	[REDACTED]	[REDACTED]	I	C-BLK STAIRS	STEPS/KNEE/GAVE 43	STEPS		0
[REDACTED]	Total	42						
[REDACTED]	[REDACTED]	[REDACTED]	I	STEPS/C-BLK	SLIP/OBJECT/HEA 3	STEPS		27
[REDACTED]	Total	43						
[REDACTED]	[REDACTED]	[REDACTED]	I	E-BLK STAIRS	KNEE/POP	41	STEPS	0
[REDACTED]	Total	44						
[REDACTED]	[REDACTED]	[REDACTED]	I	D-BLK BRIDGE	FELL DOWN/STEPS 13	STEPS		35
[REDACTED]	Total	45						
[REDACTED]	[REDACTED]	[REDACTED]	S	FRONT GATE	TRIP/STEPS/UPPE 41	STEPS		0
[REDACTED]	Total	46						
[REDACTED]	[REDACTED]	[REDACTED]	I	H/STEPS	STEPS/FELL	1	STEPS	0
[REDACTED]	Total	47						
[REDACTED]	[REDACTED]	[REDACTED]	I	D-BLOCK	FELL/STEPS/ANKL 13	STEPS		24
[REDACTED]	[REDACTED]	[REDACTED]	I	D BLK. STEPS	CLEANING/STEPS/	34	STEPS	23
[REDACTED]	Total	49						
[REDACTED]	[REDACTED]	[REDACTED]	I	L-F/STAIRWAY	SLIP/DOWN/STEPS 13	STEPS		24
[REDACTED]	Total	50						
[REDACTED]	[REDACTED]	[REDACTED]	I	G/STAIRWELL	RUN/FELL/STEPS/	1	STEPS	24
[REDACTED]	Total	51						
STAFFORD, DEON	DD4637	07/20/2000	I	A-BLK/STAIRS	STEPS/BROKE/FEL 43	STEPS		31
[REDACTED]	Total	52						
[REDACTED]	[REDACTED]	[REDACTED]	I	L/F-STAIRCASE	TRIP/UP/STEPS/K 10	STEPS		42
[REDACTED]	Total	53						
[REDACTED]	[REDACTED]	[REDACTED]	I	PAINT SHP/B-DOC	SLIP/DOWN/STEPS 13	STEPS		33

No medical
report

EXHIBIT C3
Medical Incident/Injury Reports

What happened?

MEDICAL INCIDENT/INJURY REPORT

PERSON INVOLVED (Last Name) Hall (First Name) John (Middle Initial)

Reported To Dispensary:

Date: 12, 6, 98

Male ☒ Female ☐ Age 29 SSN: [REDACTED]

Time: 0900 AM PM

Date of Incident 12/5/98 Time of Incident 1910 ☐ A.M. ☒ P.M.

Exact Location of Incident back steps A-block

INMATE ☒ Inst. No. C52352 Housing Unit: A-B2-041 Work Related ☐ Yes ☒ No

SUPERVISOR:

EMPLOYEE ☐ Department Job Title

VISITOR ☐ Home Address Home Phone

OTHER ☐ Occupation Reason for Presence at this Facility

Property Involved ☐ Equipment Involved ☐ Describe

Was person authorized to be at location of incident? ☐ Yes ☐ No

Describe Exactly What Happened. Why It Happened. Action Taken. If an Injury, State Part of Body Injured. If Property or Equipment Damaged, Describe Damage. 1. Description of Illness/Injury Inmate states "I fell down the back steps" wheelchair to A-block to pick up inmate

(Continue on Reverse)

Was Physician Notified? Yes ☒ No ☐

Was Family Notified? Yes ☐ No ☒

Was Person Involved Seen By A Physician? Yes ☒ No ☐

Date 12/6/98 Time 0945 A.M. P.M.

Where Dispensary Physician's Name Baldick

Was Person Involved Taken To A Hospital? Yes ☐ No ☒

Date 1/1 Time 1/1 A.M. P.M.

Where By Whom

2. Initial Impression Illness/Injury

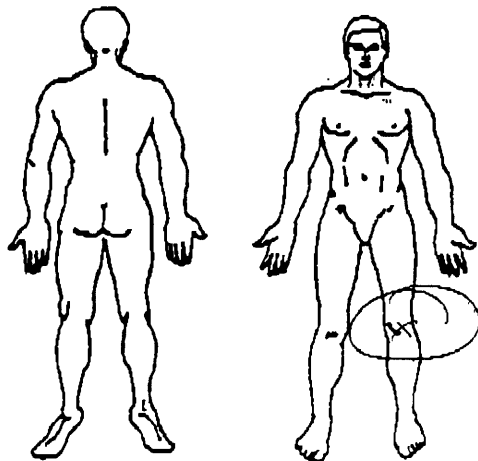
slipped on 4th step hitting knee and twisted knee as he fell down steps. Swelling & pain @ knee on laceration (superficial) of bottom lip no erythema noted. (+) popliteal pulse.

TYPE OF INJURY

1. Laceration ☐
2. Hematoma ☐
3. Abrasion ☐
4. Burn ☐
5. Non Apparent ☐
6. Other ☒

Specify probable strain

Indicate On Diagram Location of Injury



3. Treatment Rendered:

ice to @ knee
crutches x 7 days
Motrin 800 mg tid x 5 days
Xray @ knee in AR 1 day in x 3 days

Date of Report 12, 6, 98 Signature & Title of Person Preparing Report [Signature]

Reviewing Authority [Signature]
Jean Webster, RN Supv.

MEDICAL INCIDENT/INJURY REPORT

PERSON INVOLVED (Last Name) Brown (First Name) Shawn (Middle Initial)

Reported To Dispensary:

Date: 3/30/99Male ☒ : Female ☐ : Age _____ SSN: _____Time: 1100 AM PMDate of Incident 3-30-99Time of Incident 1045 A.M. P.M.Exact Location of Incident A blkINMATE ☐

Inst. No.

CT 7402

Housing Unit:

A

Work Related

☐ Yes☒ No

SUPERVISOR:

EMPLOYEE ☐

Department

Job Title

VISITOR ☐

Home Address

Home Phone

OTHER ☐

Occupation

Reason for Presence at this Facility

Property Involved ☐Equipment Involved ☐

Describe

Was person authorized to be at location of incident?

☒ Yes ☐ No

Describe Exactly What Happened. Why It Happened. Action Taken. If an Injury, State Part of Body Injured. If Property or Equipment Damaged.

1. Description of Illness/Injury

States tripped up step and fell on right arm.

(Continue on Reverse)

Was Physician Notified?

Yes ☒No ☐

Was Family Notified?

Yes ☐No ☒

Was Person Involved Seen By A Physician?

Yes ☒No ☐

Date

Time

A.M.

P.M.

Where

Physician's Name

Was Person Involved Taken To A Hospital?

Yes ☐No ☒

Date

Time

A.M.

P.M.

Where

By Whom

2. Initial Impression Illness/Injury

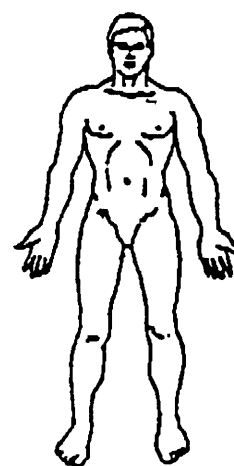
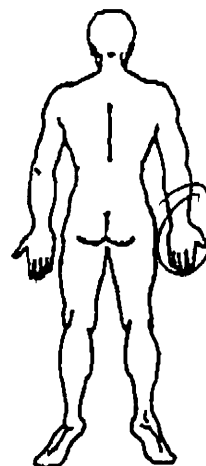
Indicate On Diagram Location of Injury

1/2 severe pain in right wrist with inability to move wrist due to pain. Minimal swelling noted. Skin warm. Right radial pulse present. Moves fingers slowly due to pain.

TYPE OF INJURY

1. Laceration ☐
2. Hematoma ☐
3. Abrasion ☐
4. Burn ☐
5. Non Apparent ☒
6. Other ☐

Specify _____



Treatment Rendered:

Ice, Tylenol, X-ray

Follow-Up

Sick call

Date of Report

Signature & Title of Person Preparing Report

Reviewing Authority

Jean Wooster, RN Supv

C-457

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

MEDICAL INCIDENT/INJURY REPORT

MEDICAL INCIDENT/INJURY REPORT

PERSON INVOLVED (Last Name) Hall (First Name) John (Middle Initial) _____

Male ☒ : Female ☐ : Age 30 SSN: _____

Reported To Dispensary:

Date: 7/13/99

Time: _____ AM
PM

Date of Incident 7-13-99 Time of Incident 2000 ☐ A.M. ☐ P.M. Exact Location of Incident A block

INMATE ☐ Inst. No. CS2352 Housing Unit: A Work Related ☐ Yes ☒ No

EMPLOYEE ☐ SUPERVISOR: Department _____ Job Title _____

VISITOR ☐ Home Address NA Home Phone _____

OTHER ☐ Occupation _____ Reason for Presence at this Facility _____

Property Involved ☐ : Equipment Involved ☐ : Describe _____

Was person authorized to be at location of incident? ☒ Yes ☐ No

Describe Exactly What Happened, Why It Happened, Action Taken, If an Injury, State Part of Body Injured. If Property or Equipment Damaged, Describe Damage. 1. Description of Illness/Injury

States fell down about nine steps last evening.

(Continue on Reverse)

Was Physician Notified? Yes ☒ No ☐

Was Family Notified? Yes ☐ No ☒

Was Person Involved Seen By A Physician? Yes ☒ No ☐

Date 7/13/99 Time 0850 A.M. ☐ P.M. ☐

Where Drop

Physician's Name Baker

Was Person Involved Taken To A Hospital? Yes ☐ No ☒

Date 7/13/99 Time 0850 A.M. ☐ P.M. ☐

Where _____

By Whom _____

2. Initial Impression Illness/Injury

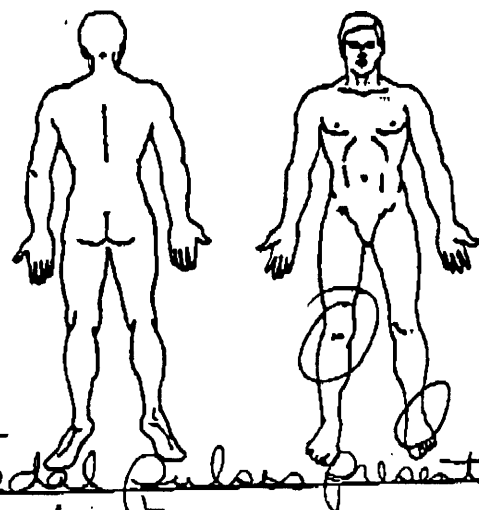
Arrives via wheelchair
% severe pain in
right knee with
swelling noted.
Very limited

TYPE OF INJURY

1. Laceration ☐
2. Hematoma ☐
3. Abrasion ☐
4. Burn ☐
5. Non Apparent ☐
6. Other ☒

Specify swelling

Indicate On Diagram Location of Injury



motion due to severe pain
% pain in lateral left
ankle with slight edema
noted Skin warm Bilateral pedal pulses present

3. Treatment Rendered: X-ray, crutches, motion

Follow-Up sick call

Date of Report 7/13/99

Signature & Title of Person Preparing Report Theresa Chubbuck

Reviewing Authority Jean Wooster RN

MEDICAL INCIDENT/INJURY REPORT

PERSON INVOLVED (Last Name) (First Name) (Middle Initial)

O'Brien Thomas

Reported To Dispensary:

Date: 2/26/00

Time: 1936 AM

Female ☐ Age 63 SSN:Date of Incident 2/26/00 Time of Incident 730 A.M. ☒ P.M. Exact Location of Incident A-BlockINMATE ☐ Inst. No. BB4015 Housing Unit: A Work Related ☐ Yes

SUPERVISOR:

EMPLOYEE ☐ Department Job TitleVISITOR ☐ Home AddressOTHER ☐ Occupation Reason for Presence at this FacilityProperty Involved ☐ Equipment Involved ☐ DescribeWas person authorized to be at location of incident? ☐ Yes ☐ No

Describe Exactly What Happened. Why It Happened. Action Taken. If an Injury, State Part of Body Injured. If Property or Equipment Damaged.

Describe Damage. 1. Description of Illness/Injury

I was coming down the steps & slipped & hit one of the coits on the block

(R) leg = abrasion mid lower leg - abrasion

(L) leg approx 8" abrasion @ lower leg. (Continue on Reverse)

Was Physician Notified? Yes ☐ No ☒Was Family Notified? Yes ☐ No ☐

Was Person Involved Seen By A Physician?

Yes ☐No ☒

Date

Time

A.M.

P.M.

Where

Physician's Name

Was Person Involved Taken To A Hospital?

Yes ☐No ☒

Date

Time

A.M.

P.M.

Where

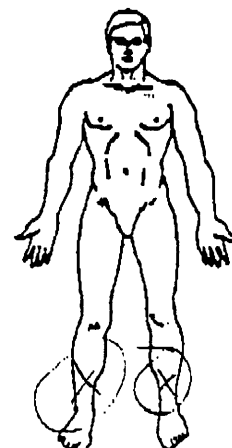
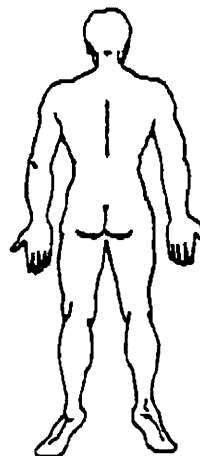
By Whom

2. Initial Impression Illness/Injury

Indicate On Diagram Location of Injury

TYPE OF INJURY

1. Laceration ☐
 2. Hematoma ☐
 3. Abrasion ☒
 4. Burn ☐
 5. Non Apparent ☐
 6. Other ☐
- Specify _____



3. Treatment Rendered:

Cleaned w/ Peroxide & H₂O - TABA Band

DSD applied

Follow-Up:

Date of Report

2/26/00

Signature & Title of Person Preparing Report

M. Beachner

Reviewing Authority

J. K. Ryan RNS

EXHIBIT C4
Medical Incident/Injury Report for Deon Stafford,
Dated 07/20/00

MEDICAL INCIDENT/INJURY REPORT

PERSON INVOLVED (Last Name) Stattford (First Name) Deon (Middle Initial)

Reported To Dispensary: ☒

Date: 7/20/00

Male ☒ Female ☐ Age 31 SSN:

Time: 1140 AM PM

Date of Incident 7/20/00 Time of Incident 1120 ☐ A.M. ☐ P.M.

Exact Location of Incident A block stairs

INMATE ☒

Inst. No.

DD 4637

Housing Unit:

A

Work Related

☐ Yes

☒ No

SUPERVISOR:

EMPLOYEE ☐

Department

Job Title

VISITOR ☐

Home Address

Home Phone

OTHER ☐

Occupation

Reason for Presence at this Facility

Property Involved ☒ Equipment Involved ☐

Describe

stairs

Was person authorized to be at location of incident: ☐ Yes ☐ No

Describe Exactly What Happened. Why It Happened. Action Taken. If an Injury, State Part of Body Injured. If Property or Equipment Damaged, Describe Damage.

1. Description of Illness/Injury

Dispensary received telephone call that step broke on stairs near dining room A block. Inmate fell down stairs when step broke. Inmate lying at bottom of stairs

Was Physician Notified?

Yes ☒ No ☐

Was Family Notified?

Yes ☐ No ☒

Was Person Involved Seen By A Physician?

Yes ☒ No ☐

Date

Time

A.M. P.M.

Where

Date

Time

A.M. P.M.

Where

Physician's Name

By Whom

2. Initial Impression Illness/Injury

pulse ox 98% P61

Inmate brought to dispensary via stretcher. Inmate immobilized c

neck immobilizer and Reeves sleeve.

Hand grasps unequal. Right weaker than left. No movement or reaction to pain Right

% back pain with any movement.

Inmate awake and alert.

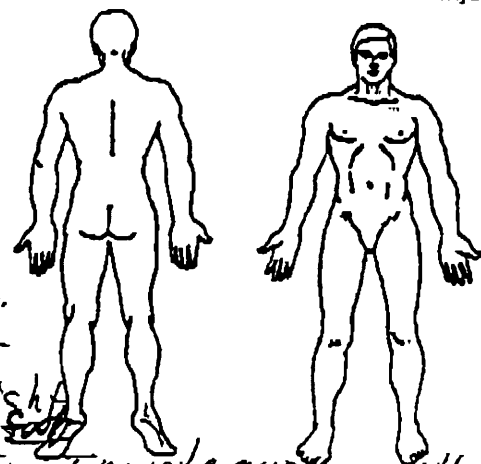
3. Treatment Rendered: Xray

TYPE OF INJURY

1. Laceration ☐
2. Hematoma ☐
3. Abrasion ☐
4. Burn ☐
5. Non Apparent ☐
6. Other ☒

Specify

Indicate On Diagram Location of Injury



Follow-Up

Admit to infirmary

Date of Report

7/20/00

Signature & Title of Person Preparing Report

[Signature]

Reviewing Authority

[Signature]

DC-457

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

MEDICAL INCIDENT/INJURY REPORT

DISPOSITION AFTER TREATMENT:

1. Return to Block
2. Place in RHU
3. Admit to Infirmary
4. Admit to Community Hospital
5. Return to Work
6. Refer to Physician's Line
7. Refer to Family Physician
8. Refer to Community Hospital

_____ ✓ _____

(Employee)

DISTRIBUTION:

Original: Medical File

Copies: Superintendent
Deputy for Operations
Deputy for Treatment
Major
Security Officer
Other

CONTINUED FROM REVERSE: (Items 1 through 3) (Indicate Item).

② Pupils equal and reactive. To xray via stretcher
1220 moving Right foot and leg but not as
well as left leg. Xrays reviewed by
Dr Bekeu. Inmate transferred to infirmary
via stretcher for admission

EXHIBIT C5
X-Ray Report for Deon Stafford, Dated 04/29/99

4/29

FORM DC-82 X-RAY REPORT		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
NAME <u>Stafford, Dean</u>		NUMBER <u>DD 4637</u>	QUARTERS <u>CB 2015</u>
X-RAY NUMBER	DATE OF X-RAY <u>4/29/99</u>	TECHNICIAN <u>[Signature]</u>	
<input type="checkbox"/> TREATMENT <input checked="" type="checkbox"/> EXAMINATION DETAILS: <u>lumbosacral spine</u> <div style="text-align: right;">MAY 07 1999 SCI GRATERFORD DEPT. DR. A. ZAWAMWI PHYSICIAN</div>			
REPORT <u>* pt states it is his upper back and neck that is the problem, not his lower back as ordered. - does not want lower back surgery done - signed Dr-462 By. 4/29/99</u> <div style="display: flex; justify-content: space-between;"> DATE OF REPORT ROENTGENOLOGIST </div>			
White—MEDICAL RECORD		Canary—X-RAY FILE	

DC-456 X-RAY REPORT		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
NAME <u>Stafford</u>		NUMBER <u>DD 4637</u>	QUARTERS <u>DCB 016</u>
X-RAY NUMBER	DATE OF X-RAY <u>11/29/99</u>	TECHNICIAN <u>REC</u>	
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION DETAILS: <u>X-ray @ ankle</u> <u>pt/dx at same ankle now</u> <u>the ankle re injured - eat malleolus + up to fibula</u> <div style="text-align: right;">DEC 07 1999 MEDICAL DEPT. SCI GRATERFORD DR. PETER G. GREGORY, M.D. PHYSICIAN</div>			
REPORT LEFT ANKLE- Radiographs of the left ankle demonstrate mild degenerative change with mild soft tissue swelling. No definite fracture is noted. IMPRESSION: No acute fracture. PETER G. GREGORY, M.D. 11-30-99 lag <div style="display: flex; justify-content: space-between;"> <div> Name: <u>[Signature]</u> Date / Time: <u>12-2-99 12:45</u> A N MCE ROENTGENOLOGIST </div> <div> Pink—RADIOLOGIST FILE </div> </div>			
White—MEDICAL RECORD		Canary—X-RAY FILE	

EXHIBIT C6
X-Ray Report for Deon Stafford, Dated 07/20/00

SCI-GRATERFORD

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
X-RAY REPORT		RECEIVED	
NAME	STANFORD	NUMBER	DD 4637
X-RAY NUMBER		DATE OF X-RAY	7/20/00
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION		DETAILS: L-spine, C-spine (R) pelvis xray AP's done only per Dr. Beken	
REPORT		PELVIS- Radiographs of the pelvis demonstrate no fracture or deformity. The soft tissues and joint spaces are unremarkable. LUMBAR SPINE- Single AP radiographs of the lumbar spine demonstrate no definite fracture or bone destruction. Alignment is difficult to evaluate on a single AP view. CERVICAL SPINE- Limited single AP view of the cervical spine demonstrates no obvious abnormality, fracture or foreign body.	
DATE OF REPORT		ROENTGENOLOGIST	
PETER G. GREGORY, M.D.		Canary-X-RAY FILE	
White-MEDICAL RECORD		1ag Pink-RADIOLOGIST FILE	

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
X-RAY REPORT		RECEIVED	
NAME	STANFORD, D	NUMBER	DD 4637
X-RAY NUMBER		DATE OF X-RAY	3/1/01
<input type="checkbox"/> TREATMENT <input checked="" type="checkbox"/> EXAMINATION		DETAILS: Diagnostic Reports (PA) Name: [Signature] Date / Time: 3/1/01 A N NCS	
REPORT		Ralph Smith M.D. Physician PHYSICIAN	
CHEST - Unremarkable heart, lungs, skeletal structures and mediastinum.		ROENTGENOLOGIST	
IMPRESSION: Normal chest - No active disease.		Pink-RADIOLOGIST FILE	
DATE OF REPORT		Canary-X-RAY FILE	
Romas Dovydas, M.D.		White-MEDICAL RECORD	
03-02-01-189			

EXHIBIT C7
Progress Notes

PROGRESS NOTES

[] Outpatient

[] Inpatient

Date/Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
			Inf.
7/10/00	MD		5-10 lower back pain.
	#5		fell off the steps while coming down
	5--		the steps.
			D: PE exam. Lungs, CTA
			heart RAN H/S/S2
			Abd. soft ON/O.
			ext. 2/4/4.
			muscle AA-0x3.
			no focal deficit
			moves and has control to all ext.
			EDM2, PERMA, neck is supple.
			CN II-IV intact
			As lower back pain
			P: see the order
			x-rays no obvious fx.
			waiting for radiology report
			Emre Beken M.D. CPS Physician
7/20/00	Neg		"I don't know what happened."
1300			O. Inmate brought to dispensary at 1140
			on stretcher & neck immobilized in
			place. Block officer stated inmate
			Wardlaw

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name:

Stafford, Leon

Inmate Number:

004637

DOB:

4-10-69

Institution:

- R - C

PROGRESS NOTES

[] Outpatient

[] Inpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
7/21/00	#5	0001 MSG	O- A+O. Moving about freely in bed All Limbs, without y/o pain/discomfort A- NAD verbalized or observed R Monitor ————— C Joudrey RNC
7/21/00	ms	# A, S	2nd S: Back pain resolved D. PE RNC not in distress A: low back pain O: D/C to block
7/21/00	MSG	—	Decid ambulatory to block. No visible sign of distress, no voice distressed. I would need as ordered instruction. Verbalized understanding. Det. Tuttle RNC.
7/23/00 1545	ms	S-	No seizure Still SE back pain feel that he needs more pain med O- ① Rabiniski BIL ② straight leg test BIL ③ motor power deficiency

Dr. Beken M.D.
CPS Physician

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name:

Stafford, Dion

Inmate Number:

DD 4637

DOB:

4/10/69

Institution:

C-11

PROGRESS NOTES

[] Outpatient

[] Inpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
7/28/00		0930 nm	Arthralgia mid abd. c/o pain in back, neck, @ @, 94A - 7M Malya
7/31/00	544 (5)	MD	5/ Renew Med. - pain back → lg D Good Now - muscles well A LBP, Spine P See p.c. DENNIS MOYER, M.D.
8/3/00		ms	5 - Wants a chair / back brace 0 - using a cane to walk A - recent injury P - see orders N. Kulaylat, M.D. Internal Medicine
8/7/00	0905 (5)	MD	5/ Renew Med - Motion affecting spinal D/A LBP - Spine P See p.c. DENNIS MOYER, M.D.
8/9/00	1455	CHCA	GRA 0597-2000 answered re: LBP inj from 7/20/00 Kramer CHCA

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name:

Stafford, D

Inmate Number:

DD 4637

DOB:

4-10-69

Institution:

SCLW

PROGRESS NOTES

[] Outpatient

[] Inpatient

Date/Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
9/8/00		Nsg	O: Scheduled for physical therapy A: Clinic cancelled due to 11/15 P: Reschedule <i>Arnold</i>
10/19/00	Nsg.	1630	O: Internal med. clinic - no show P: Reschedule appt. <i>Hennrich 4N</i>
10/25/00		med	5'10" <i>Intermittent Med</i> <i>175 lbs</i>
10/30/00	(4) (5)		(S) Admits to P Improvement of (L) Lower Discomfort, still C Intermittent low Grade L5 Discomfort/Disorder Activity/ambulation C → Seizures x 7 yr (B) L5 dem {und (A) S/P Lumbosacral Strain Seizure Disorder <i>(written to Dr Deproto)</i> (C) As per onson sheet <i>Return to Dilmt</i>
11/21/00		med	<i>Intermittent Med</i> <i>Ralph Smith M.D. Physician</i> <i>178 lbs</i>
11/25/00	(1)		(S) Admits to Poor Compliance - Re: Dilmt (Cane x 2 wks) - Denies Seizures x 7 yr (B) Discomfort level & none Detectors (A) Seizure Drs - medication not @ hosp level (C) Struct Counseling Re: Intermittence of

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name: Stafford, Deion

Inmate Number: DD 4637

DOB: 4-10-69

Institution: SCIG

PROGRESS NOTES

[] Outpatient

[] Inpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
2/27/01 1500	(7) 15	med	Interim Medicine 175 lbs (S) no Complaints - notes from Control of LBP & Motion. no Seizures Since last visit (G) 12-20-00 / Dilantin level - 2.4 ↓ (A) Seizure Disorder - Status @ Present LBP - no Complaints currently (P) As per previous status Ralph Smith M.D. Physician
3/30/01 1500		Thy	EKG completed. Jitter R~
4/16/01 1140		M	lab eval.
		A7	S: Φ
		14-	D: low dilantin level.
			A: H/O sz.
			P: call to szh call 40.6 to eval and educate the in-sta person plus
4/15/01 910	(5)	Do	S: lab studies showed of LVN (seizure); 01 day (shock) a BP 144/90. Hunt as to RRQ episode (M) 1/10 my diagnosis ext from before A: Seizure disorder; LVN

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name: STAFFORD, D
Inmate Number: DD 4637
DOB: 4-10-69
Institution: SCIG

PROGRESS NOTES

[] Outpatient

[] Inpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
7/12/01 1415	5	PT	SEE DC-441 <i>J. Pet</i> JAMES PETACCIO, MSPT
7/24/01 1130	Mut #5		S: "I hurt my back" O: L/S pain in left hip; muscular at work (not verified by supervisor) @ home A: L/S pain P: back J.C. Korsznjak, PA-C
8/3/01 1000	5	PT	S: ADMITS NON-COMPLIANCE w/ HEP. HAS HAD ONLY TWO INCIDENTS OF RADIATION INTO LE SINCE 7/12/01 O: pt @ LBP @ beginning of session. Repeated FF produced LBP, Repeated EIS abolished Sx. Re-inforced importance of HEP [EIS @ 15' @ work + POE x 15' @ 2hrs on block. A: Still @ MCKENZIE LS DERANGEMENT I. pt poor compliance w/ HEP frequency has slowed progress. P: Will fly in 2 wks. if pt performs HEP appropriately it is expected that his pain will be abolished. D/C P next visit <i>J. Pet</i> JAMES PETACCIO, MSPT

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name:

STARRS, D

Inmate Number:

DD 4637

DOB:

4-10-69

Facility:

SCB

EXHIBIT C8
Physician's Orders

PHYSICIAN'S ORDERS

Drug Allergies:

Self-Medication Program ☐ Yes ☐ No

STAFFORD Dion

DD 4637

4-10-69

5016

INF.

A

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
7-5-00 1000		CBC, DEPAKOTE LEVEL, Chem Profile, TSH, CREATININE for Dr. ZAWAWI
		noted 7-5-00 1000 Dr. Z
7/20/00 NM HA #5	23	D3P. L-spine, C-spine xray - (R) pelvis xray
		Emre Beken MD. CPS Physician
7/20/00 NM 12 ³²	#5	- Admit to Infirmary 23 hours observation - Motrin 600 mg, PO TID x 10 days. - Robaxin 750mg PO BID x 7 days. - bed rest. - dx lower back pain. - Regular diet x 30 days.
		7/20/00 1130 Schull 2/24 7/21/00 Jmf
		Emre Beken MD. CPS Physician

PLEASE USE BALL POINT PEN ONLY

PHYSICIAN'S ORDERS

Inmate Name:

Stafford, Dion

Inmate Number:

DD 4637

DOB:

4/10/69

Institution:

Sci

(A)

Drug Allergies:

NKDA

Self-Medication Program ☒ Yes☐ NoDO NOT USE THIS SHEET
UNLESS A RED NUMBER SHOWSDate/
Military
TimeProb
#

7/21/00

no

#5

9

Inf
D/C to block
cont block medsEmre Beken M.D.
CPS Physician

7/21/00 1310

7/21/00

1540

5

1) ↑ Motrin 600mg po tid (need 10
more tablets) x 10d

5

2) ↑ Robaxin 750mg po tid (already
received 15 tablets) x 10d

1

3) Depakote 250mg tid in am &
tid in hs } x 10d
self med
for seizure

4)

4) RTIC 3 amms

7/21/00

1545

N. J. Laylat, M.D.

7/26/00

1246

(5)

① Please allow use of Cane x 10d

RALPH W SMITH
MEDICINE

Note 7/26/00 1245 7 AM

PLEASE USE BALL POINT PEN ONLY

PHYSICIAN'S ORDERS

Drug Allergies:

NKDA (A)

Inmate Name:

STAFFORD, D

Inmate Number:

PD 4637

DOB:

4-10-69

Institution:

SCIL

Self-Medication Program ☐ Yes ☐ No

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
7/3/00 0847	(5)	<p>Medicine 600 mg QID x 10d</p> <p>Robaxin 750mg QID x 10d.</p> <p>Noted 7/3/00 [Signature]</p> <p>DENNIS MOYER, M.D.</p>
8/3 0900	100	<p>See DC 480</p> <p>Noted 8/3/00 @ 0900</p> <p>N. Kulaylat, M.D. Internal Medicine</p>
8/10 0905	(5)	<p>Umapr 500mg Po Bid x 10d.</p> <p>Noted 8/17/00 0905 [Signature]</p> <p>DENNIS MOYER, M.D.</p>
8/14/00 0920	(5)	<p>Umapr 500mg Po Bid x 10d.</p> <p>Robaxin 750mg Po Bid</p> <p>Noted 8/14/00 0920 [Signature]</p> <p>DENNIS MOYER, M.D.</p>
8/23/00 0920	95	<p>Consult P 9</p> <p>Noted 8/23/00 1815 [Signature]</p> <p>PLEASE USE BALL POINT PEN ONLY</p>

8/14/00
14:008/23/00
0920

EXHIBIT D

Declaration of Chief Grievance Review Officer Tshanna Kyler

IN THE UNITED STATES DISTRICT COURT
 FOR THE EASTERN DISTRICT OF PENNSYLVANIA

DEON C. STAFFORD

CIVIL ACTION

v.

DONALD T. VAUGHN (SUPERINTENDENT):
 MANNY ARROYO (DEPUTY
 SUPERINTENDENT), DAVID
 DIGUGLIELMO (DEPUTY
 SUPERINTENDENT), GEORGE HILTNER
 (SUPERVISOR MAINTENANCE), MRS.
 KNAUER (ADMINISTRATION
 SUPERVISOR), MR. MCSURDY (FIRE
 INSPECTOR SUPERVISOR)

NO. 02-3790

DECLARATION OF TSHANNA KYLER

I, Tshanna Kyler, declare under penalty of perjury that the following facts are true and correct to the best of my knowledge:

1. I am employed by the Pennsylvania Department of Corrections (DOC) as a Grievance Review Officer.
2. I have reviewed plaintiff Deon Stafford's (inmate DD-4637) records of Grievance Number GRA-0897-00, which pertains to a July 20, 2000 accident.
3. The DOC's administrative directive, DC-ADM 804, in the Inmate Handbook, entitled the Consolidated Inmate Grievance Review System, was established to ensure that inmates have an avenue through which to resolve specific problems.
5. Through the grievance procedure, I receive inmate grievance appeals for final review related to the inmate's problem with confinement, to assess whether that inmate's complaint has been appropriately addressed by the respective institution. My responsibilities require me to be aware of, track, review and address all grievances

submitted for final review.

6. As part of my duties, I process and maintain all computer records and hard copies of all appeals to final review of grievances filed by inmates in state correctional institutions.
7. I have researched the computer records for plaintiff, Deon Stafford's (inmate DD-4637), and have confirmed that Stafford has not exhausted Grievance No. GRA-0897-00 against any officials from the State Correctional Institution ("SCI") at Graterford. Rather, Mr. Stafford failed to comply with the provision(s) of DC-ADM 804 on his appeal for final review and, after being informed of this by letter dated August 31, 2000, he did not attempt to properly re-submit Grievance No. 0897-00 for final review.
8. In addition, there is no record of Stafford exhausting any other grievances related to the conditions of the stairs in SCI-Graterford.
9. Attached, as noted in the Exhibit Table, are true and correct copies of the documents that I have described above.

I declare under penalty of perjury that the foregoing facts are true and correct based upon my personal knowledge.

Harrisburg, PA

DATED: 8/4/04

Tshanna Kyler
Tshanna Kyler

EXHIBIT D1
Official Inmate Grievance GRA-0897-00

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

GRA-0897-2000

TO: GRIEVANCE COORDINATOR

INSTITUTION

DATE

Mrs. Leslie Hatcher

SCIG

July 22, 2000

FROM: (Commitment Name & Number)

INMATE'S SIGNATURE

Mrs. Deas C. Stafford DO-4637

Mrs. Deas C. Stafford

WORK ASSIGNMENT

QUARTERS ASSIGNMENT

CI Shop

A-B2-47

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

Hello on July 20, 2000, I fell through the
8th step in back of A-Block, landing on my back & neck.
Now there were many work orders for
the steps to be fixed, by the guards & inmates
and they were not fixed, now I'm suffering
from back & neck pain, and extremely bad headaches
and medical X-rayed me, but refused to take me
to the hospital "Dr. Bekkon"
Nar give me a lay-in-from work or "Feed in"
Now I'm forced to work, without a neck or
back brace!

B. Actions taken and staff you have contacted before submitting this grievance:

Talked to Mr. Murphy A-Block unit manager, LT. Ransome
Unit Manager

Your grievance has been received and will be processed in accordance with DC-ADM 804.



Signature of Grievance Coordinator

7/25/00
Date

WHITE—Grievance Coordinator Copy

CANARY—File Copy

PINK—Action Return Copy

GOLDENROD—Inmate Copy

#6468 P.006/005

SEC COMPLEX

SEP. 05 '2003 16:08 717 787 0132

EXHIBIT D2

Official Inmate Grievance Response (Initial Review)

C-804
ART. IICOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO. 0897-2000

TO: (Name & DC NO.)	INSTITUTION	QUARTERS	GRIEVANCE DATE
DEON STAFFORD, DD-4637	SC16	A-B2-047	7/22/00

The following is a summary of my findings regarding your grievance:

Mr. Stafford I reviewed your chart. Your injury occurred on 7/20. You were admitted to the Infirmary. X-rays were taken on 7/20 and were negative. You were discharged back to the block on 7/21. You ambulated without signs of distress. You were seen at 345 pm on 7/21 by Dr Kulaylat. Your exam was completed and medication was increased for discomfort. You were seen by several doctors on 7/24, 7/26, 7/31, 8/3, 8/7 for your complaints. Documentation shows full range of motion and once you told the doctor you wanted a chair and back brace. Your medical follow-up has been appropriate and follows DOC policy and procedure.

Refer to DC-ADM 804, Section VIII,
for instructions on grievance
system appeal procedures.

SIGNATURE OF GRIEVANCE COORDINATOR

J. Kramer C.H.A.

DATE

8/7/00

EXHIBIT D3
Inmate Appeal from Initial Review

DATE : AUGUST 14, 2000

FROM : MR. DEON C. STAFFORD SR. #DD-4637 A B2-047

OFFICE
OF THE

SUBJECT : APPEAL FROM INITIAL REVIEW OF GRIEVANCE
#GRA-0897-2000 FILED ON JULY 23, 2000

AUG 21 2000

CHIEF
HEARING EXAMINER

Dear Sir:

My grievance was answered but, as of thus far I have seen no results at all. My grievance was pertaining to the corroded steps on a block. And because of the rotting steps, they broke and, I fell, hurting myself. Also, the medical department refused me outside medical treatment.

And I would also like for the prison here at Graterford to take out those rotted steps and replace them with new ones. Also, I would like to be admitted to a hospital so that I can get the professional help that I need. And a thorough examination, and follow-up with neck and back therapy. Thank you in advance for your co-operation.

Respectfully

Mr. Deon C. Stafford Sr. DD-4637

MR. DEON C. STAFFORD SR. #DD-4637 A B2-047

EXHIBIT D4
Superintendent Vaughn's Disposition of Inmate Appeal

COMMONWEALTH OF PENNSYLVANIA

Department of Corrections

SCI-Graterford

(610)489-4151

August 15, 2000

SUBJECT: A-Block Steps

TO: Deon Stafford, DD-4637 A-B2-091

FROM: Donald T. Vaughn
Superintendent
SCI-Graterford

x

I am in receipt of your request of July 24, 2000 in which you advised me that you were involved in an accident on A-Block when a step collapsed.

As soon as this incident was reported to the Maintenance Department, they dispatched employees with the appropriate equipment to make these repairs. While it is unfortunate that you had this accident, I must advise you that corrective action has been taken which will prevent similar incidents involving you or other inmates in the future.

DTV:AJLF:kcn

cc: Mr. Hiltner
DC-15 DD-4637
File

5 Sep Fixed Replaced
march 2001
Rittenhouse
8 1/2 mos
later

EXHIBIT D5
Grievance Appeal to Central Office

DATE : AUGUST 17, 2000

TO : ROBERT S. BITNER CHIEF HEARING EXAMINER

FROM : MR. DEON C. STAFFORD SR. #DD-4637 A B2-047

SUBJECT : APPEAL FROM INITIAL REVIEW OF GRIEVANCE
#GRA-0897-200 FILED ON JULY 23, 2000

X

Dear Sir:

My grievance was answered but, as of thus far I have seen no results at all. My grievance was pertaining to the corroded steps on a block. And because of the rotting steps, they broke and, I fell, hurting myself. Also, the medical department refused me outside medical treatment.

And I would also like for the prison here at Graterford to take out those rotted steps and replace them with new ones. Also, I would like to be admitted to a hospital so that I can get the professional help that I need. And a thorough examination, and follow-up with neck and back therapy. Thank you in advance for your co-operation.

Respectfully

Mr. Deon C. Stafford Sr. #DD-4637
MR. DEON C. STAFFORD SR. #DD-4637 A B2-047

EXHIBIT D6
Final Review of GRA-0897-00

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
1451 N. MARKET STREET
ELIZABETHTOWN, PA 17022

OFFICE OF THE
CHIEF HEARING EXAMINER

August 31, 2000

Dean Stafford, DD-4637
SCI Graterford

Re: DC-ADM 801 - Final Review
Grievance No. GRA-0897-00

Dear Mr. Stafford:

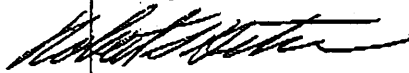
Your appeal of the above-referenced grievance has been received by this office for review. However, our inquiry into this matter reveals that you have not yet appealed to the Superintendent of your institution as required by DC-ADM 804, VI D, 2.

The Central Office Medical Review Committee was abolished by policy amendment DC ADM 804-1 four (4) years ago. All grievances, including medical, must be appealed to the Institution Superintendent prior to appeal to final review.

Until this appeal is completed, final review cannot be granted. Upon receiving the response from your appeal to the Superintendent, you may once again submit a timely written appeal for final review.

This response does not grant you a right to an appeal if it would otherwise be untimely to pursue that appeal. However, in evaluating the timeliness of any appeal you submit, the time consumed by erroneously directing your appeal to this office may be disregarded at the discretion of the recipient of your next appeal.

Sincerely,



Robert S. Bitner
Chief Hearing Examiner

RSB:bjk

pc: Superintendent Vaughn

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

DEON C. STAFFORD	:	CIVIL ACTION
	:	
v.	:	
	:	
DONALD T. VAUGHN (SUPERINTENDENT):	:	
MANNY ARROYO (DEPUTY	:	
SUPERINTENDENT), DAVID	:	
DIGUGLIELMO (DEPUTY	:	
SUPERINTENDENT), GEORGE HILTNER	:	
(SUPERVISOR MAINTENANCE), MRS.	:	
KNAUER (ADMINISTRATION	:	
SUPERVISOR), MR. MCSURDY (FIRE	:	
INSPECTOR SUPERVISOR)	:	NO. 02-3790

CERTIFICATE OF SERVICE

I, Patrick J. McMonagle, Deputy Attorney General, hereby certify that a true and correct copy of the Commonwealth Defendants' Motion for Summary Judgment was filed electronically and is available for viewing and downloading from the ECF system as of August 6, 2004. I further certify that a true and correct copy of said document was mailed on August 6, 2004, postage prepaid, to:

Deon Stafford, DD-4637
State Correctional Institution at Graterford
P.O. Box 244
Graterford, PA 19426

GERALD J. PAPPERT
ATTORNEY GENERAL

BY: /s/ Patrick J. McMonagle
Patrick J. McMonagle
Deputy Attorney General
Identification No. 83890

Office of Attorney General
21 S. 12th Street, 3rd Floor
Philadelphia, PA 19107-3603
Telephone No. (215) 560-2933

Susan J. Forney
Chief Deputy Attorney General
Chief, Litigation Section